



St. Elizabeth School  
Wyckoff, New Jersey 07481  
[www.sainte-school.org](http://www.sainte-school.org)  
201 891-1481



Registration – 2018/2019 – Grades PK-7

**Student Information:**

Applying to Grade: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Town State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ (Birth Certificate Required)

Place of Birth: \_\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip Code

**Family Information:**

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed

Father's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Town State Zip Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last Maiden First

Address: \_\_\_\_\_  
Street Town State Zip Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of children in Family: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Number attending St. Elizabeth School \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_

Non-Parishioner \_\_\_\_\_

**Census Information:**

Child's Ethnic Heritage: \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_ White  
\_\_\_\_\_ Native Alaskan/American Indian \_\_\_\_\_ Native Hawaiian/Pacific Islander

Baptized: \_\_\_\_\_ Yes \_\_\_\_\_ No (If Baptized, certificate is required)

**Please submit this form with registration fee - \$250 per child. A completed health form must be submitted before entrance to school.**

<u>Checklist (Office Use Only)</u>	
Completed Application	_____
Registration Fee (Non-Refundable)	_____
Birth Certificate	_____
Baptismal Certificate	_____
Health Form	_____
Student Release	_____
Transportation Form	_____